

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L03000037131**

1. Entity Name  
ROYAL PALM YACHTING, L.L.C.



Principal Place of Business  
105 EAST PALMETTO PARK ROAD  
BOCA RATON, FL 33432

Mailing Address  
105 EAST PALMETTO PARK ROAD  
BOCA RATON, FL 33432

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**



02132007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

D'ALMEIDA, ARTHUR B  
105 EAST PALMETTO PARK ROAD  
BOCA RATON, FL 33432

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee Is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	D'ALMEIDA, ARTHUR B ESQ
STREET ADDRESS	105 EAST PALMETTO PARK ROAD
CITY-ST-ZIP	BOCA RATON, FL 33432

TITLE	MGRM
NAME	ADAMS, MICHAEL
STREET ADDRESS	690 SE 15TH STREET #107
CITY-ST-ZIP	DANIA, FL 33004

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000685444  
04/09/07-80007-001 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

561  
3-26-07 3684674